

FACILITIES WORK ORDER REQUEST

INSTRUCTIONS: Complete sections 1 & 2 before routing to Facilities Manager.

SECTION 1 - COMPLETED BY REQUESTOR			
Today's Date 17 OCT 2017	Your Name SHOFFNER, DAVID	Your Extension 919-541-0894 of <small>Ex. 6 Personal Privacy (PP)</small> cell	Your Branch/Contract FMB
Room Number or Location of Work Room 215		Your Project Number	
Description of Work To Be Done (Be brief, use page back if needed) 1) Remove eye wash and cap @ valve under sink and remove any signage associated with eyewash Contact Dave Shoffner at 919-541-0894 (office) of <small>Ex. 6 Personal Privacy (PP)</small> cell with any questions or issues.			
SECTION 2 - COMPLETED BY BRANCH CHIEF			
Branch Chief Approval FMB MORSCHING, JAY		Materials Funded By POS	
Requested Completion Date No later than 02 FEB 2018		Before starting clear with FMB MORSCHING, JAY	
This request <input type="checkbox"/> does take precedence over previous requests of above branch. <input checked="" type="checkbox"/> does not		Notes	
SECTION 3 - COMPLETED BY FACILITIES MANAGER			
Work Order Number		Date 18 OCT 17	
Approved (Facility Manager) APPROVED: FMB MORSCHING, JAY		Approved (Health & Safety or Environmental Compliance, if required)	
Work Assigned To O&M	Date 18 OCT 17	Completion Date	Total Cost
Project Labor Hours		Costs	Material Costs (Attach Materials List)
Notes:			